

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/643515</i>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	1						51				
2		1					52				
3		1					53				
4	1						54				
5		2					55				
6		2					56				
7		2					57				
8		2					58				
9		2					59				
10		2					60				
11		2					61				
12		2					62				
13		2					63				
14		2					64				
15		2					65				
16		2					66				
17		2					67				
18		2					68				
19		1					69				
20		2					70				
21		2					71				
22		2					72				
23	1						73				
24		1					74				
25		1					75				
26	1						76				
27		2					77				
28		2					78				
29		2					79				
30		2					80				
31		2					81				
32		2					82				
33		2					83				
34		2					84				
35		2					85				
36		2					86				
37		2					87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	61						TOTAL DEP.				
TOTAL CLAIMS	65						TOTAL CLAIMS				